

Pro Se 15 (Rev. 12/16) Complaint for Violation of Civil Rights (Non-Prisoner)

RECEIVED

UNITED STATES DISTRICT COURT

for the

MAR - 3 2022

Western District of Texas



CLERK, U.S. DISTRICT CLERK
WESTERN DISTRICT OF TEXAS
BY *[Signature]* DEPUTY

SAN ANTONIO Division

Case No.

SA22CA0199

(to be filled in by the Clerk's Office)

Jury Trial: (check one) Yes No

FB

Zavala, Mark A

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Texas Health Human Et Al

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Non-Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

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I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Address

County

Telephone Number

E-Mail Address

*Zavala March A
note P.O.Box 172 Kuippa
Second St Lot 113
City
TX
78880
Zip Code*

*Unable
830 930 - 2033*

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name

Job or Title (if known)

Address

County

Telephone Number

E-Mail Address (if known)

AMERICAN INSURANCE

P.O.Box 61010

Virginia Beach VA 23466

City

State

Zip Code

1-800-600-4441

Individual capacity Official capacity

Defendant No. 2

Name

Job or Title (if known)

Address

ANTHEM COMPANY

830 241 2875

City

State

Zip Code

County

Telephone Number

E-Mail Address (if known)

Individual capacity Official capacity

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Defendant No. 3

Name

AMERICAN MEDICAL RESPONSE
 (AKA) ACCESS TO CARE
 7509 South Freeway Houston
 TX 77021

Address

City

State

Zip Code

County

Telephone Number

E-Mail Address (if known) ~~Tele # 1-866-844-2862 AMR~~

Individual capacity Official capacity

Defendant No. 4

Name

TEXAS Health and Human
 Service

Job or Title (if known)

Address

City

State

Zip Code

County

Telephone Number

1-877-541-7905

E-Mail Address (if known)

Individual capacity Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

Federal officials (a *Bivens* claim)

State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

freedom of speech - Amendment
 Fourteenth Amendment
 Amendment Section (w) nor deny to any
 person within its jurisdiction the equal
 protection of the laws

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

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D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

Documents that plaintiff would provide would state fact(s)

III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. Where did the events giving rise to your claim(s) occur?
From 2016 until now. I would provide documents to support fact. I would not provide name until the motion with documents I would file. They said Access to case files they can't be provided with my claim(s).

B. What date and approximate time did the events giving rise to your claim(s) occur?
Phone records, document would be provide with omnibus motion. This violation(s) has been going on for year(s)

C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)
I have not get paid for going to my Doctor's appointment, I have been treated unfairly by individuals from Defendants Department (J).

IV. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

Depress, anger, Health issues pain and suffering loss of time emotional distress mental distress direct discrimination disability discrimination invidious discrimination discretionary damages consequential damages Punitive damages	but forth denied / Wrongful denial benefits deprivation development my business and Dreams
--	--

V. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

I want to get the proper Attention, get paid
for my pain and suffering and lost of
time and work, Building and fixing my
Home and mobile Home and getting
my Dream finish
lost of time

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Certification and Closing

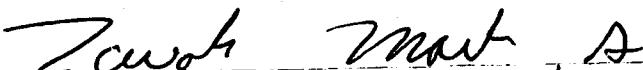
Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

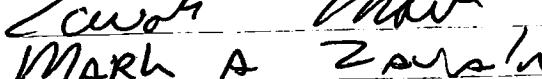
I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 2-4-22

Signature of Plaintiff



Printed Name of Plaintiff



B. For Attorneys

Date of signing:

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

City

State

Zip Code

Telephone Number

E-mail Address